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CONFIRMATION NO. 8119

SERIAL NUMBER 09/876,014	FILING DATE 06/07/2001 RULE	CLASS 714	GROUP ART UNIT 2133	ATTORNEY DOCKET NO.	
APPLICANTS Jamie Edelkind, Holl, MA; ** CONTINUING DATA ***** THIS APPLN CLAIMS BENEFIT OF 60/209,848 06/07/2000 ** FOREIGN APPLICATIONS ***** IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 08/08/2001					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature Initials		STATE OR COUNTRY MA	SHEETS DRAWING	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 2
ADDRESS Roberts Abokhair & Mardula, LLC Suite 1000 11800 Sunrise Valley Drive Reston ,VA 20191-5302					
TITLE System and method for identification of media by detection of error signature					
FILING FEE RECEIVED 485	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		



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CONFIRMATION NO. 8119

SERIAL NUMBER 09/876,014	FILING OR 371(c) DATE 06/07/2001 RULE	CLASS 386	GROUP ART UNIT 2615	ATTORNEY DOCKET NO.
APPLICANTS Jamie Edelkind, Holl, MA;				
** CONTINUING DATA ***** This appln claims benefit of 60/209,848 06/07/2000				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 08/08/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____	STATE OR COUNTRY MA	SHEETS DRAWING 0	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 2
ADDRESS APOSTILLE, INC. ATTN: JAMIE EDELKIND P.O. BOX 396 HULL, MA 02045				
TITLE System and method for identification of media by detection of error signature				
FILING FEE RECEIVED 420	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	